FORM D



S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	1	Serial			
DATE	RECE	IVED			

	1 1
,	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Exchange of Debt for Series A Preferred Stock (Convertible into Common Stock)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	The state of the s
A. BASIC IDENTIFICATION DATA	L 2 1 25h2 / /
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Boundless Corporation	Ac 1 to rett
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Inc.)	luding Area Code)
100 Marcus Boulevard	
Hauppauge, New York 11788 (631) 342-7400	¥
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Inc (if different from Executive Offices)	eluding Area Code)
Brief Description of Business	
Electronic Manufacturing Services Type of Business Organization	· .
☐ limited partnership, already formed ☐ other (please specify):
□ business trust □ limited partnership, to be formed	,.
Month Year Actual or Estimated Date of Incorporation or Organization: Month Year Most No. 10	ed
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	PROCESSED
	_ AUG 2 1 2002
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	THOMSON FINANCIAL

MM

. A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or
Full Name (Last name first, if individual) Joy, Jr., Joseph V.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Boundless Corporation 100 Marcus Boulevard
Hauppauge, New York 11788
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or
Full Name (Last name first, if individual)
Giovaniello, Anthony Business or Residence Address (Number and Street, City, State, Zip Code)
Same
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or
Full Name (Last name first, if individual) Gardner, Joseph
Business or Residence Address (Number and Street, City, State, Zip Code)
Same Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer X Director General and/or
Full Name (Leat name first if individual)
Full Name (Last name first, if individual) Smith, Oscar L.
Business or Residence Address (Number and Street, City, State, Zip Code)
Unique Co-Operative Solutions, Inc. 9185 Bond
Overland Park, KS 66214
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or

Full Name (Last name first, if individual)
Unique Co-Operative Solutions, Inc. Business or Residence Address (Number and Street, City, State, Zip Code)
Same as above
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or
Full Name (Last name first, if individual)
Bowman, Richard
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Boundless Corporation
100 Marcus Boulevard
Hauppauge, New York 11788 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or
Full Name (Last name first, if individual) Brooks, Gary
Business or Residence Address (Number and Street, City, State, Zip Code) Same
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or
Full Name (Last name first, if individual) Masri, Safwan
Business or Residence Address (Number and Street, City, State, Zip Code)
Same

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or	
Full Name (Last name first,	if individual)					
McGovern, John J.			· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)	•		
Same						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or	
Full Name (Last name first,	if individual)		<u>.</u>			
Stephens, J. Frank						
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		• • • • • • • • • • • • • • • • • • • •	
Same		1				•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or	
Full Name (Last name first,	if individual)					
Combs, J. Gerald						
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)			
Same			•			

				В.	INFORM	ATION AB	OUT OFF	ERING				
1.	Has the issue	sold, or do	es the issue	r intend to	sell, to non-	-accredited	investors ir	this offerin	ıg?			Yes No
				Answer al	lso in Appe	ndix, Colun	nn 2, if filir	ig under UL	OE.			
2.												
3.	Yes No Does the offering permit joint ownership of a single unit?											
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full	Name (Last na	me first, if	individual)									
Bus	iness or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)			7	· · · · · · · · · · · · · · · · · · ·		
Nar	ne of Associate	d Broker or	Dealer			<u></u>		~				· · · · · · · · · · · · · · · · · · ·
Stat (Ch	tes in Which Pe eck "All States	rson Listed " or check i	Has Solicit ndividual S	ed or Intendates)	ds to Solici	t Purchasers	3					. 🗆 All States
[AL [IL] [M] [RI Full	[IN] [NE]	[AZ] [IA] [NV] [SD] ame first, if	[AR] [KS] [NH] [TN] individual)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Bus	iness or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Nar	ne of Associate	d Broker or	Dealer									
Stat (Ch	tes in Which Pe eck "All States	rson Listed " or check i	Has Solicit ndividual S	ed or Inten tates)	ds to Solici	t Purchasers	3					. All States
[AI [IL] [M' [RI] [IN] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN] (Use bla	[CA] [KY] [NJ] [TX] nk sheet, o	[CO] [LA] [NM] [UT] r copy and v	[CT] [ME] [NY] [VT] use addition	[DE] [MD] [NC] [VA] al copies o	[DC] [MA] [ND] [WA] f this sheet,	[FL] [MI] [OH] [WV] as necessar	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	·											

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity (Series A Preferred Stock – Convertible)	\$ <u>5,400,000</u>	\$ <u>4,365,800</u>
	□ Common ⊠ Preferred	~	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify)	\$. \$
	Total	\$	
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate
		Investors	Dollar Amount Of Purchases
	Accredited Investors	35	\$4,365,800
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		— \$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	·	\$
	Regulation A	·	\$
	Rule 504		\$
	Total		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		\$
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs		□ \$
	Legal Fees		⊠ \$ <u>20,000.00</u>
	Accounting Fees	•	□ \$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Listing and Transfer Agent Fees, Blue Sky Fees, Copying		≥ \$ 5,000.00
	Total		≅ \$25,000.00

C. OFFER	ING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCEED	S
Question 1 and total expenses	en the aggregate offering price given in response to part C - furnished in response to Part C – Question 4.a. This differe to the issuer."	nce	\$ 5,375,000 (estimated)
used for each of the purposes estimate and check the box to equal the adjusted gross proce	the adjusted gross proceeds to the issuer used or proposed to shown. If the amount for any purpose is not known, furnish the left of the estimate. The total of the payments listed mu eeds to the issuer set forth in response to Part C - Question 4.	an st	
above. Salaries and Fees		Payments to Officers, Directors, & Affiliates	Payments to Others
	e		_ 🗆 \$
Purchase, rental or le	asing and installation of machinery and equipment	🗆 \$	_ 🗆 \$
Construction or leasing	ng of plant buildings and facilities	🗆 \$	🗆 \$
in chia affanina chac m	businesses (including the value of securities involved hay be used in exchange for the assets or securities suant to a merger)	o\$	_ 🗆 \$
	edness		
Working capital		🖫 \$ <u></u> 🚉	_ = s
Other (specify): NO	Proceeds; Cancellation of Debt	x5x\$ <u>5,375,000</u>	_ 🗆 \$
Column Totals		8 \$ 5 , 375 , 000	
Total Payme	ents Listed (column totals added)	2 \$	5,375,000
	D. FEDERAL SIGNATURE		
signature constitutues an undertaking	tice to be signed by the undersigned duly authorized person. ng by the issuer to furnish to the U.S. Securities and Exchan suer to any non-accredited investor pursuant to paragraph (b	ge Commission, upon writt	rule 505, the following en request of its staff,
Issuer (Print or Type)	Signature	Date	
Boundless Corporation	Joseph andrew	August	1,52002
Name of Signer (Print or Type)	Title ONSigner (Print or Type)		
Joseph Gardner	Vice President and Chief Financial Officer		